

**ASSET FORFEITURE OVERSIGHT ADVISORY COMMITTEE
FORM 4-AFOAC FUND CONTRIBUTION REPORT**

PLEASE REMIT PAYMENTS TO:

Asset Forfeiture Oversight Advisory Committee
c/o Oregon Criminal Justice Commission
885 Summer St. NE
Salem, OR 97301

FOR AFOAC USE ONLY

Date Received:
Amount Received:
Check Number:

This form should accompany your payment to the Asset Forfeiture Oversight Advisory Committee. Case numbers should correspond to case numbers reported on Form 1 / Seizure Information.

REPORTING ENTITY:

Entity Name

Mailing Address

CONTACT PERSON:

Name

Title

Phone

Signature

Amount Remitted: \$ _____

This payment covers the _____ quarter of _____.

CASE #s INCLUDED IN THIS PAYMENT: (Please provide the forfeiture case numbers and the dollar amount for each case this remittance includes. Indicate whether the case numbers are court or agency case numbers.)

PLEASE LIST ALL CASE #s WHERE NO FUNDS WERE CONTRIBUTED. (Costs exceeded amount forfeited)